

CRS USE ONLY:

Application Number\_\_\_\_\_

Roster(s) Ok\_\_\_\_\_Fee Paid\_\_\_\_\_

Schedules Received\_\_\_\_\_

Fairfax County Department of Community and Recreation Services (CRS)

12011 Government Center Parkway, Suite 1050

Fairfax, Virginia 22035-1115

(703) 324-5533 / (703) 324-5522

(703) 324-5546 FAX

Application for Community Use of Public Athletic Facilities

APPLICANT INFORMATION

- All information must be completed before the application can be processed. *Incomplete applications will not be processed and will be returned to the applicant for completion.*

Applications must be filed with the CRS Athletic Services Division by the seasonal deadlines listed below. *Late applications will be date stamped and processed in the order in which they are received, on a space available basis.*

Applicants and 2/3 of the participants must be residents of Fairfax County.

A separate application must be submitted for each sport.

TYPE OF APPLICATION:

☐ Organization
☐ Team/Group of Individuals
☐ One-Time Use
☐ Tournament

Has your organization/group of individuals previously received facility allocations from CRS?

☐ Yes
☐ No

PLEASE CHECK THE SEASON FOR WHICH YOU ARE APPLYING. A SEPARATE APPLICATION MUST BE FILED FOR EACH SEASON.

| Field Season Dates       |                              | Field Application Deadline | Gymnasium Season Dates   |                                 | Gymnasium Application Deadline |
|--------------------------|------------------------------|----------------------------|--------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> | Spring: March 1 – June 14    | December 1                 | <input type="checkbox"/> | Spring: April 1 – June 15       | March 1                        |
| <input type="checkbox"/> | Summer: June 15 – July 31    | March 1                    | <input type="checkbox"/> | Summer: June 16 – August 31     | May 1                          |
| <input type="checkbox"/> | Fall: August 1 – November 15 | May 1                      | <input type="checkbox"/> | Fall: September 1 – November 30 | August 1                       |
| <input type="checkbox"/> | TOURNAMENT                   | October 1                  | <input type="checkbox"/> | Winter: December 1 – March 31   | October 1                      |

Organization Name:\_\_\_\_\_

Sport:\_\_\_\_\_

Organization Phone:\_\_\_\_\_

Organization Fax:\_\_\_\_\_

Organization Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Organization Website:\_\_\_\_\_

\_\_\_\_\_

Applicant Name:\_\_\_\_\_

Applicant E-mail:\_\_\_\_\_

Applicant Address:\_\_\_\_\_

City, State, Zip:\_\_\_\_\_

Applicant Office Phone:\_\_\_\_\_

Applicant Home Phone:\_\_\_\_\_

\_\_\_\_\_

Sport Contact Name:\_\_\_\_\_

Sport Contact E-mail:\_\_\_\_\_

Sport Contact Office Phone:\_\_\_\_\_

Sport Contact Home Phone:\_\_\_\_\_

Permits should be mailed to:

☐ Organization Address
☐ Applicant Address

Organization is non-profit?

☐ Yes
☐ No

(Proof must be on file with CRS)

Is there a third party contract/arrangement with a profit making organization?

☐ Yes
☐ No

Organization has liability insurance?

☐ Yes
☐ No

Type of Activity:

☐ Practice
☐ Games
☐ Tournament
☐ Other (Specify)\_\_\_\_\_

Team/Group of Individuals:

Do you participate in a league/organization?

☐ No
☐ Yes, list league \_\_\_\_\_

Number of players by jurisdiction:

Fairfax County residents:\_\_\_\_\_

Residents of other jurisdictions:\_\_\_\_\_

FOR GYMNASIUM USE:

the applicant will (check one):

☐ Furnish adult volunteer building director(s) trained by CRS or
☐ pay for supervision.

If volunteer has current CRS certification, list name here \_\_\_\_\_ and expiration date \_\_\_\_\_.

Organizations with multiple building directors, please attach list with all names and expiration dates.

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**Application for Community Use of Public Athletic Facilities  
FACILITY REQUEST**

Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Type of Facility Requested: ☐ Field ☐ Gymnasium

Requested Start Date: \_\_\_\_\_

Requested End Date: \_\_\_\_\_

**Please list the facilities that you are requesting, in order of preference:**

| Facility Name | Facility Number | Day(s) of the Week | Start Time | End Time | Practice/Game* |
|---------------|-----------------|--------------------|------------|----------|----------------|
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
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|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |

\*Please indicate whether the facility is to be used for practices or games on the requested days/times.

**Please list all non-County assigned facilities that you will be using this season:**

| Facility Name | Facility Number | Day(s) of the Week | Start Time | End Time | Practice/Game* |
|---------------|-----------------|--------------------|------------|----------|----------------|
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |
|               |                 |                    |            |          |                |

\*Please indicate whether the facility is to be used for practices or games on the requested days/times.

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**Application for Community Use of Public Athletic Facilities  
 STATISTICAL INFORMATION**

Organization Name: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Sport: \_\_\_\_\_

Type of Facility Requested: ☐ Field ☐ Gymnasium

**Please provide information on the number of registered players:**

| AGE                  | Prior Year _____  |      | Season Actuals  |            | Current Year _____  |      | Season Estimates  |            |
|----------------------|---|------|---|------------|---|------|---|------------|
|                      | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter |      | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter |            | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter |      | <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Winter |            |
|                      | PLAYERS   |      | TOTALS  |            | PLAYERS   |      | TOTALS  |            |
|                      | Female  | Male | County  | Non-County | Female  | Male | County  | Non-County |
| 4                    |   |      |   |            |   |      |   |            |
| 5                    |   |      |   |            |   |      |   |            |
| 6                    |   |      |   |            |   |      |   |            |
| 7                    |   |      |   |            |   |      |   |            |
| 8                    |   |      |   |            |   |      |   |            |
| 9                    |   |      |   |            |   |      |   |            |
| 10                   |   |      |   |            |   |      |   |            |
| 11                   |   |      |   |            |   |      |   |            |
| 12                   |   |      |   |            |   |      |   |            |
| 13                   |   |      |   |            |   |      |   |            |
| 14                   |   |      |   |            |   |      |   |            |
| 15                   |   |      |   |            |   |      |   |            |
| 16                   |   |      |   |            |   |      |   |            |
| 17                   |   |      |   |            |   |      |   |            |
| 18                   |   |      |   |            |   |      |   |            |
| Adults               |   |      |   |            |   |      |   |            |
| <b>Total Players</b> |   |      |   |            |   |      |   |            |

| Prior Year Season Actuals    |        |      |      | Current Year Season Estimates |        |      |      |
|------------------------------|--------|------|------|-------------------------------|--------|------|------|
|                              | Female | Male | Coed |                               | Female | Male | Coed |
| <b>Total Number of Teams</b> |        |      |      | <b>Total Number of Teams</b>  |        |      |      |

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**Application for Community Use of Public Athletic Facilities  
AGREEMENT**

.....  
The undersigned, as an agent for the organization or group of individuals requesting facility allocation(s), have read the rules and regulations governing facility use and permitting and agree to abide by all stated rules and agrees to enforce said rules and regulations. Violation of any rule or condition of the Permit is cause for immediate revocation of the Permit, loss of permit privileges, and forfeitures of any fees/deposits paid for the Permit. Any individual or team, which fails to abide by any and all rules and regulations, is subject to suspension, ineligibility and/or other penalties that may be imposed by County officials. The undersigned certifies and/or agrees that he/she:

- Is familiar with the rules and regulations of the Fairfax County School Board, Park Authority, Community and Recreation Services and the Northern Virginia Regional Park Authority for community and local use of public athletic facilities.
- Will maintain a participant roster for all teams that is in compliance with Fairfax County residency requirements.
- Will be fair and equitable in the distribution of facilities and will make decisions without regard to race, culture, age, gender or religion.
- Will permit facilities specified as "primary use" to teams participating in those sports in which that facility was intended.
- Is the sole applicant from this group for athletic facilities in Fairfax County.
- Accepts, for the user, the full responsibility for any and all damages to school, park and County property caused by said user, and for prompt and proper settlement of claims for such damage.
- Agrees to provide reasonable accommodations for athletes, coaches, and spectators with disabilities to include: rescheduling games or practices to accessible fields and providing information in alternative formats.
- On behalf of the designated user agrees to hold harmless and indemnify the Fairfax County School Board, the County of Fairfax, the Board of Supervisors of Fairfax County, Virginia, the Fairfax County Park Authority, the Northern Virginia Regional Park Authority, and all of their officials, officers, employees or agents, with respect to any claim of loss, injury, or damage because of negligence of the user or user's employees or agents, including damage to School Board, County and park property or other public property.

In accordance with the Virginia Privacy Protection Act of 1976, the requested information will be used to coordinate activities of this agency. Some of the information contained in this form may be released to persons who request such information in accordance with the requirements of the Virginia Freedom of Information Act, Va. Code Ann. Section 2.1-340.1.

**♿ Americans with Disabilities Act:** CRS is committed to nondiscrimination in all programs, services, and activities. Special accommodations/alternative information formats will be provided upon request. Please call the information number (703) 324-5532 at least 10 working days in advance of the registration deadline or event. TTY (703) 222-9693.

**Notice:** CRS shall have the right to deny the use of a facility to any person or organization at any time. The CRS Director administers and interprets the policy governing use of public facilities and determines the appropriate procedures needed for implementation. CRS has the right to deny the privilege of continued use of facilities to any user who does not comply with all the regulations. By signing this agreement you as a representative of the organization or group agree to abide by the conditions of this facility use agreement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**CRS Office Use Only**

☐ Request Approved. See enclosed permit for use. ☐ Request Denied. \_\_\_\_\_

CRS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FEES (If Applicable):**

**Building Dir.:** \_\_\_\_\_ days X \_\_\_\_\_ hours X \$ \_\_\_\_\_ rate = Cost \$ \_\_\_\_\_ **Custodial/light svcs.:** \_\_\_\_\_ days X \_\_\_\_\_ hours X \$ \_\_\_\_\_ rate = Cost \$ \_\_\_\_\_

**Facility Use:** \_\_\_\_\_ days X \_\_\_\_\_ hours X \$ \_\_\_\_\_ rate = Cost \$ \_\_\_\_\_ **Non-County Resident:** \_\_\_\_\_ No. Of Individuals X \$ \_\_\_\_\_ rate = Cost \$ \_\_\_\_\_

**Form of Payment:** ☐ cash ☐ check ☐ Visa ☐ M/C Exp. Date: \_\_\_\_\_ Total Payment: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CRS Init. \_\_\_\_\_

Name and Signature of credit card holder \_\_\_\_\_ / \_\_\_\_\_ Date: \_\_\_\_\_  
(Name) (Signature)

**ROSTER**

Season: ☐ Spring ☐ Summer ☐ Fall ☐ Winter

Team Name: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_ Email: \_\_\_\_\_

| Player Name | Home Street Address | City | State | Zip | Home Phone | County Resident? |    |
|-------------|---------------------|------|-------|-----|------------|------------------|----|
|             |                     |      |       |     |            | Yes              | No |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
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|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |
|             |                     |      |       |     |            |                  |    |

Number of Non-County Residents \_\_\_\_\_ X \$20.00 = \_\_\_\_\_ Amount Due

Form of Payment: ☐ cash ☐ check ☐ credit card ☐ Visa ☐ M/C

Credit Card #: \_\_\_\_\_ Exp. \_\_\_\_\_